STATE OF ALASKA

FRANK MURKOWSKI, GOVERNOR

DEPT. of HEALTH and SOCIAL SERVICES

DIVISION OF FINANCIAL MANAGEMENT SERVICES

P.O. BOX 110650
JUNEAU, AK 99811-0650
PHONE: (907) 465-3131
FAX: 465-3184

March 15, 2005

RECEIVED
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DENALI COMMISSION

Denali Commission
510 L St. Suite 410
Anchorage, Alaska 99501

RE: Grant Award #A-2002-06
Health Facilities "Pre-Award" Support Services

Dear Sir:

Attached is the required Annual Financial Status Report on the Standard Form 269 for the above referenced grant award for period ending March 31, 2003.

If you have any question or require additional information, please feel free to contact me at the above address or telephone number.

Sincerely,

Michelle E. Grose, CPA

Michelle E. Grose
Finance Officer, CPA

Attachment: FSR

FINANCIAL STATUS REPORT

(Short Form)

(Follow instructions on the back)

1. Federal Agency and Orgnaizational Element to Which Report is Submitted	2. Federal Grant or Other Identifying Number Assigned By Federal Agency	OMB Approval No. 0348-0039	Page 1 of 1 pages
Federal Co-Chair of Denali Commission	A-2002-06 Health Facilities "Pre-Award" Support Services		

3. Recipient Organization (Name and complete address, including ZIP code)

STATE OF ALASKA, DEPARTMENT OF HEALTH & SOCIAL SERVICES
P.O. BOX 110650
JUNEAU, AK 99811

4. Employer Identification Number	5. Recipient Account Number or Identifying Number	6. Final Report	7. Basis
1926001185A7	22194	[ ] Yes [X] No	[X] Cash [ ] Accrual

8. Funding/Grant Period (See Instructions) From: (Month, Day, Year)	To: (Month, Day, Year)	9. Period Covered by this Report From: (Month, Day, Year)	To: (Month, Day, Year)
04/01/02	03/31/03	04/01/02	03/31/03

10. Transactions	I Previously Reported	II This Period	III Cumulative
a. Total outlays	0	17,689	17,689
b. Recipient share of outlays	0	0	0
c. Federal share of outlays	0	17,689	17,689
d. Total unliquidated obligations			0
e. Recipient share of unliquidated obligations			0
f. Federal share of unliquidated obligations			0
g. Total Federal share (Sum of lines c and f)			17,689
h. Total Federal funds authorized for this funding period			50,000
i. Unobligated balance of Federal funds (Line h minus line g)			32,311

11. Indirect Expense	a. Type of Rate (Place "X" in appropriate box)			
	[X] Provisional	[ ] Predetermined	[ ] Final	[ ] Fixed
	b. Rate	c. Base	d. Total Amount	e. Federal Share
	N/A		0	0

12. Remarks: Attach any explanations deemed necessary or information required by Federal sponsoring agency in compliance with governing legislation.

Indirect cost (11D&E) are based on approved Department Cost Allocation Plan.

13. Certification: I certify to the best of my knowledge and belief that this report is correct and complete and that all outlays and unliquidated obligations are for the purposes set forth in the award documents.

Typed or Printed Name and Title	Telephone (Area code, number and extension)
Patricia A. Carr, Health Program Manager, Division of Public Health	(907) 465-3092
Signature of Authorized Certifying Official Patricia A Carr	Date Report Submitted 3/15/05

Previous Editions not Usable

Standard Form 269A (REV 4-88)
Prescribed by OMB Circulars A-102 and A-110